

2004 FOR PROFIT CORPORATION ANNUAL REPORT


5/3

FILED
May 27, 2004 8:00 am
Secretary of State

05-03-2004 90441 017 ***150.00

DOCUMENT # P96000070015

1. Entity Name
JAPTRIX, INCORPORATED



Principal Place of Business Mailing Address
DUTHIE FREEMAN CENTRE, BLDG., D & E **DUTHIE FREEMAN CENTRE, BLDG., D & E**
4401 CHARLOTTE ST. **4401 CHARLOTTE ST.**
LAKE WORTH, FL 33461 **LAKE WORTH, FL 33461**

66424424



2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

03082004 Chg-P CR2E034 (10/03)

City & State City & State

4. FEI Number Applied For
65-0706196 Not Applicable

Zip Country Zip Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

CASE, DERICK K.
6785 ASHBURN ROAD
LAKE WORTH, FL 33467

7. Name and Address of New Registered Agent

Name **ROGER CASE**

Street Address (P.O. Box Number is Not Acceptable)
4690 CAMBRIDGE ST.

City **LK WORTH.** FL Zip Code **33461**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  **PRESIDENT.** DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$650.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	CASE, DERRICK K	
STREET ADDRESS	6785 ASHBURN ROAD	
CITY-ST-ZIP	LAKE WORTH, FL 33467	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	CASE, ZONA D	
STREET ADDRESS	6785 ASHBURN ROAD	
CITY-ST-ZIP	LAKE WORTH, FL 33467	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROGER CASE	
STREET ADDRESS	4690 CAMBRIDGE ST.	
CITY-ST-ZIP	LK WORTH FL 33461	
TITLE	SECRETARY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROGER ACHAM	
STREET ADDRESS	9756 SADDLE CT.	
CITY-ST-ZIP	LK WORTH FL 33467	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **4/29/04** **561 963 8700**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #